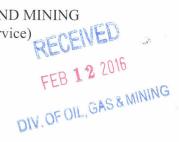
UTAH DEPARTMENT OF NATURAL RESOURCES - DIVISION OF OIL, GAS AND MINING 1594 West North Temple - Suite 1210, Salt Lake City UT 84116 (Delivery service)

Box 145801, Salt Lake City UT 84114-5801 (US Postal service) Telephone: (801) 538 5342

LARGE MINING OPERATIONS PROGRESS REPORT January 1, 2015 to December 31, 2015



The information required in this form is based on provisions of the Mined Land Reclamation Act, Title 40 8, and the R647 rules under the Utah Minerals Regulatory Program. It is due January 31 of each year.

1.	Mine Permit Number: M/0 M /0 3500	12			
2.	Mine Name: PARLEY'S CANYON ROCK QUARRY				
3.	Name of Operator/Permittee: HARPER	CONTRACTING, INC	С.		
4.	Location: MAILING ADDRESS: PO B	OX 18549			
	KEARNS UT 84118				
	Note: If Operator's address, compassibility submit replacement page(s) for the available on the Division's web page https://fs.ogm.utah.gov/pub/MINES/	Notice of Intention toget at Minerals_Related/FORMS	ther with form MR-/MR-REV.pdf.		
5.	Primary Commodities Produced: <u>UNW</u>	ASHED ROCK, SANI	D, ROADBASE		
6.	Report the gross amount of ore or product mined and waste moved.				
	Gross ore or product mined: 457,735	(amount): TONS	Unit: Tons	_Disposition:	
	Waste material moved:	(amount):	Unit:	_Disposition:	
7.		End of Year 2015	2015 Changes	EOY 20	
	Acres	SAME AS PREVIOUS	0		
	Bonded	SAME AS PREVIOUS	0		
	Active Disturbance	SME AS PREVIOUS	0		
	Regraded and Seeded		0		
	Released		0		
	Total Mine Life Disturbance	SAME AS PREVIOUS	0		

8.	Any areas of reclamation eligible for bond release? Yes No		
	Explain:		
	To apply for full or partial bond/site release submit form MR-SITE available at the Divisions web page at https://fs.ogm.utah.gov/pub/MINES/Minerals_Related/FORMS/MRSITE.pdf.		
9.	Briefly describe reclamation work performed during current reporting year. If there was no production shown in Line 4, describe any maintenance work conducted that required earthmoving equipment. Include an updated map depicting surface disturbance and reclamation performed during the year (per R647-4-121.2) and any updates to the operation plan (per R647-4-106)		
I here	by certify the information in this report is true and correct to the best of my knowledge elief.		
Name (Typed or Print): STACY L. HENDERSON			
Title of Operator: OFFICE MANAGER			
Signa	ture of Operator: They blendward Date: 2-9-16		